

Dekalb County Mental Retardation Board, Inc. (DCMRB)

**“PROJECT H.O.P.E.”
HELPING (MENTAL RETARDATION) ORGANIZATIONS
PLAN EFFICIENTLY**

2009-2012 Strategic Plan

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Introduction

The purpose of this plan is to provide broad direction for operations, supports, and services provided by the DeKalb County Mental Retardation Board. This plan addresses the period of 2009-2012. Each year the DCMRB will review the plan to ensure that planning is ongoing, goals are being met, and goals are changed as needed. The plan is based on putting the needs of the consumer at the forefront of planning and service efforts. The plan is designed to identify and assess the service needs of the citizens of DeKalb County who have been diagnosed with mental retardation. The plan is consumer/family driven and focuses on improving the quality of services provided by DCMRB.

The DCMRB worked with consumers, parents, service providers, and school systems to develop this plan and to obtain a wide array of input. The underlying principle of this plan is that it is consumer/family driven and that the plan addresses the needs of people with developmental disabilities. It is the position of the DeKalb County Mental Retardation Board that this organization, in its efforts to meet the service needs of the people of DeKalb County, must be proactive in meeting the needs of all people with developmental disabilities and we must assure that all people have equal opportunity for input into the planning process.

The underlying principle throughout the plan is to address the needs of the people of DeKalb County, with emphasis on those being under-served and is waiting for services. In reviewing all the information the following facts were disclosed:

- DeKalb County has a population in excess of 68,014 in 2006 according to the US Census with 75.3% over the age of 18.
<http://quickfacts.census.gov/qfd/states/01/01049.html>.
- Local government participation must be increased on a large scale in order to maximize state and federal efforts
- The existing service base is not currently meeting the needs of DeKalb County and must be increased in order to provide services to those who are waiting.
- Guiding standards and/or Medicaid Waivers must be modified to allow more flexibility in meeting the service needs of the individual and creating movement with the service delivery system

Description population to be served and of services provided by DCMRB

The area of service is limited to DeKalb County with an estimated population of over 68,014 people. In 1996, an estimated 16 per 1,000 8-year-old children in metro Atlanta, or about 1 in 63, had an intellectual disability. In 2000, the prevalence was an estimated 12 per 1,000, or 1 in 83, 8-year-olds. We found that 12 of every 1,000 10-year-old children had intellectual disability. Mild intellectual disability was 3 times more common than severe intellectual disability. As in MADDSP, intellectual disability was more common in boys than in girls, and more common in black children than in white children. <http://www.cdc.gov/ncbddd/dd/mr3.htm>. As many as 3 out of every 100 people in the country have mental retardation (The Arc, 2001). Of those 85% are diagnosed with mild mental retardation, 10% moderate, 3-4% severe, and 1-2% profound. Nearly 613,000 children ages 6 to 21 have some level of mental retardation and need special education

in school (*Twenty-fourth Annual Report to Congress*, U.S. Department of Education, 2002). The Alabama State prevalence rate of people with mental retardation is 31.4% ages 6-17 and 11.2% ages 18-64. In DeKalb County 25.5% of people age 5 and older have a mental disability (2000 Census). Most of them are men ages 16-20. With the targeted population to be served being all persons with mental retardation and other developmental disabilities, who meet the eligibility criteria for services. In those cases where individuals and/or family members are not appropriate for existing services effort will be made to assist them in gaining access in the area or areas where such services may be provided.

The DCMRB offers several services such as:

1. targeted adult case management- assist Medicaid eligible adults with mental retardation in gaining access to needed medical, social, educational, residential, and a host of other services.
2. information and referral- provide needed information tools and contact information to individuals interested in services for persons with mental retardation
3. Individual family support council- assist individuals in DeKalb County with developmental disabilities and their families to receive the support they need for daily living.
4. Advocacy- uphold all applicable policies and laws that protect the rights of persons with mental; ensure that persons with mental retardation are not discriminated against according to the provisions included in the Americans with Disabilities Act.
5. Behavior Management Counseling- coordinates behavior management services for individuals with mental retardation enrolled in the Medicaid Waiver Program.
6. Psychological Testing- free psychological testing is available to adults (age 18 years and older); all testing is conducted by a trained psychologist. The psychological exam is used to diagnose mental retardation. Program eligibility is based on diagnosis of mental retardation.
7. work along with single point of entry to assist in arranging services
8. Subcontracts with existing service provider, the Arc of DeKalb County. The Arc offers such services as residential and day habilitation.
9. Also offer respite, personal care, behavior management, etc.

Mission statement

It is the mission of the DeKalb County Mental Retardation Board, Inc., to positively affect the quality of life for persons with mental retardation and developmental disabilities by helping to ensure that appropriate and quality services are available and accessible throughout their life span. The DeKalb County Mental Retardation Board, Inc., expects that all services will ensure full participation in all life experiences through a family and consumer-driven, proactive, and creative system which allows service options to be tailored to individual's and family's needs.

Guiding principles

DCMRB is committed to serving individuals with mental retardation by providing for a system of effective and efficient services, as well as natural supports, that are based on consumer and family choice. When it is determined that an individual is in need of service and is eligible for such services, the DCMRB board will provide the service or services promptly. All services will be provided recognizing the needs of the individual and/or their families without regard for race, sex, creed, or national origin and in accordance with DMH/MR and Medicaid standards.

The DCMRB recognizes that individuals have the potential for growth and development and the lives of individuals and their families can be enhanced by the services offered by DCMRB. Effective programs for individuals with mental retardation must be based on the principle of "person centered", which includes:

- development begins in conception and continues throughout the life span of every human being
- Normally human development is sequential, orderly, and predictable. These sequences in development can be identified and used in planning and assessing of an individual's progress
- rate and direction of development may be modified by certain physical, psychological, social aspects of the individual's environment
- self-determination and informed choice are crucial to attaining maximum potential
- Quality of life and services must go above and beyond the minimal needs of the individual
- Providing necessary supports will enable most individuals to attain an independent and productive lifestyle.

Services to individuals of mental retardation provided by the DeKalb County Mental Retardation Board shall be "consumer driven". The needs/wants of the consumer will be addressed through coordination of expressed ideas between family, providers, and other stakeholders (as applicable).

The service delivery system will be flexible to incorporate individualized services needed to improve the "quality of life" for person with mental retardation. Outcomes of program services shall be measured by the ability to access needed services for the consumer/family, satisfaction of consumers/family, and the overall awareness of program goals and objectives in the community.

The entire system shall be "consumer driven". Programs and services will stem from the needs of the community. Adjustments will be made as needed to provide the most appropriate services to individual clients. Services that yield clear outcomes will be the focus of evaluation opposed to programs/services that are stagnant and/or inefficient.

Quality for consumers will be defined as actual improvement in the following areas, but not limited: independent living skills and/or least restrictive environment, knowledge and awareness of mental retardation, social and communication skills, health and safety, and family involvement (if applicable).

The DeKalb County Mental Retardation Board will network with all community agencies, citizenry, and clients/families to provide services that are manageable in any given environment.

Philosophy/Values

- People first: the consumers should always be first
- Self-determination: self-advocacy, diverse needs and desires can shape a person's destiny
- Importance of families
- Community participation and inclusion
- Ethical and visionary leadership
- Person centered plans, programs, and services
- Equality
- Consumers should be made aware of choices available
- Respect and dignity
- Positive attitude should be established in the community towards people who have been diagnosed with mental retardation
- Access to medical, dental, educational, and other supports should be provided to consumers

History

The DeKalb County Mental Retardation Board was established March 31, 1985 under statutory authority provided by Act 310 of 1967 Alabama Legislature. Each participating municipality appoints three members to the Board of Directors which serves as the governing body. Participating municipalities include DeKalb County, Fort Payne, Rainsville, Collinsville, Powell, Fyffe, and Ider.

From 1985 through September 1995 the DeKalb County Mental Retardation Board, Inc. operated the DeKalb County Adult Training Center and Grand Central Station Industries, a workshop for adults with mental retardation. Effective October 1, 1995, the ARC of DeKalb County assumed the operation of DeKalb County Adult Training Center and Grand Central Station Industries.

The Board contracted Day habilitation, Residential, and Case management services in the 2008-2009 fiscal years. The following chart gives an estimate of consumers served by contracted and sub-contracted services by the DeKalb County Mental Retardation Board, Inc. (2008-2009 fiscal years).

Contracted and sub-contracted Services 2008-2009 Fiscal Year	# Clients served
Arc of DeKalb County, Fort Payne, AL.	35
Residential Arc	11
Personal Care	5
Special Medical	NA
Targeted Adult Case Management	56

The DeKalb County Mental Retardation Board currently plans and coordinates services to individuals using a "single point of entry system" and a three-year plan. Individuals interested in accessing services contact a case manager at our office. The case manager provides assistance with the completion of an application and makes appropriate referrals for evaluations and diagnostic testing to determine eligibility for services. If the individual meets eligibility criteria, the case manager develops an individual service plan that addresses identified needs.

When appropriate individuals are referred to providers of Day and Residential services. Clients are also provided assistance for person care and professional (psychological test and respite care). Emergency assistance is often referred to the DeKalb County Mental Retardation Individual/Family Support Council. All staff and volunteers at the DeKalb County Mental Retardation Board also advocate on behalf of persons with mental retardation/developmental disabilities.

In the past DCMRB has subcontracted with several other agencies to provide services, but currently contracts only with ARC of DeKalb County for both residential and day services. The ARC experienced a dramatic transfer of consumers when the DeKalb County Education and Training Center was developed. DCMRB experienced a large transfer of consumers when the Northeast Alabama MR/DD Authority was established. In recent years a change to fee for service was established. In 2008 the use of local match was no longer accepted by DMHMR.

Planning process

Input in process:

- Consumer satisfaction survey
- Waiting list information and information regarding services needed for current consumers
- The Arc of DeKalb County was asked to participate in order to establish goals and objectives.
- School system survey to determine the number of individuals with mental retardation and other developmental disorders that will possibly be transitioning out of the public school system over the next three years. Only Fyffe and Ider responded to the surveys.

Information was requested from the following school systems:

	Fyffe	Ider		F	I		F	I
# Grad 2009	1	1	# interest day 2009	1	1	# interest res 09	1	0
2010	2	2	# interest day 2010	2	2	# interest res 10	1	0
# Grad 2011	5	0	# interest day 2011	5	0	# interest res 11	1	0

Surveys

The DCMRB received consumer and family satisfaction surveys from the ARC in 2008. 28 consumer and 17 family surveys were returned. The overall satisfaction on both the surveys was very high. On the consumer survey the questions with the least satisfaction where as follows:

- 5. Did you choose your case manager? 21:7
- 6. Did you decide your daily schedule? 23:5
- 9. Do you choose the services you need? 19:6
- 24. Are you ever afraid or scared when you are at home? 23:5
- 25. Are you ever afraid or scared when you are out in your neighborhood? 25:3
- 29. Have you ever participated in a self advocacy group, meeting, or event? 14:14

Current and projected: waiting list

There are currently 12 consumers on the waiting list in DeKalb County not being served at all, and 3 who are waiting on some type of service. The delay in service is due to the lack of state funds.

It is estimated that many of the people may be bested served under day services. Projections have been made regarding information from county schools about the number who will need services, some of which will be served by other agencies, some will not need services.

	Current Served	2009	2010	2011
Day	35	36	37	38
Residential	11	11	12	12
Case management	52	52	53	54

The solution to this growing list must be addressed as identified throughout the plan, which increases the service base and provides movement throughout the existing system; lessens the restrictions on the Medicaid waiver; and gives individuals and family members needed services at lower cost.

Service base

All people deserve to be served but services cannot be provided without looking at the cost to the provider. Considerable increase of federal and state money is needed to support all the people needing services.

Case management: Approximately 56 individuals receive case management and/or service coordination.

Day program: Estimated 40 consumers receiving day services from ARC.

Residential services: Currently 12 individuals receiving services from the ARC residential homes

Personal care: Currently four consumers utilizing personal care

Planning Assumptions

The purpose of a strategic plan is to stimulate coordination among stakeholders in a particular service. In the area of mental retardation the consumers, providers, administrators, advocates and families offer comparable information and resources to provide a framework for future service delivery. This plan is composed of the following set of assumptions for the period 2009-2012:

1. Services to persons with Mental Retardation must individualize. Understanding the background and environment of individual consumers helps to coordinate more effective and appropriate services.
2. There is need to network and share information with local human service providers. Families of persons with mental retardation have a need that enables the use of coordinated services in the community.
3. Community-based programs will be reviewed and evaluated using quality and outcome based measures.
4. The mentally retarded population will become older creating a need for services conducive for the elderly with special needs.
5. State funding will need to be increased in order to provide for the upcoming residential needs of the county.

Goals and Objectives

Goal: Self-Determination

We will support eligible individuals and their families in developing a vision for their future based on individual strengths, interests, and choices. We will also assist with identifying, creating, and funding the supports needed to pursue that vision.

Assumptions

- Self-Determination is a national civil rights movement that the ODMR/DD has been encouraging county boards of MR/DD to adopt.
- Self-Determination allows people eligible for services to select, determine and plan their own quality of life, and is based on the principles of freedom, authority, support and responsibility.
- Many people with disabilities have not had opportunities throughout their lives to have experiences that enable them to make informed choices about their lives.
- Self-determination will eventually become the norm.

Implications:

1. the planning process must respect and reflect the central role of the individual and his/her family in determining the scope and content of the plan.
2. We need to place a priority on preparing families as early as possible to make informed decisions and coordinate services for their family member, as well as support people to use their abilities to control their lives.
3. There must be a focus on increasing community capacity to support people.
4. Facility-based habilitation and employment programs will continue to be viable options.

5. New people will choose community based opportunities and supports that may be purchased with individual budgets.
6. Expansion of Medicaid Waivers for Adult Services will allow more persons served choice options.
7. The shift to funding individual supports as opposed to programs will encourage new providers to offer services at competitive rates.
8. The success of Self-Determination rests in large part on the ability of the Board and other providers of services to offer a wide array of different service alternatives.

Objectives:

1. Person centered planning (PCP): PCP meetings to be held for each consumer, all team members should be encouraged to attend and participate, PCP based on consumer's desires, wants, and needs (annually, ongoing)
2. Informed on choice: all referrals will be informed regarding the providers for each service (as needed, ongoing)

Goal: Community Participation

We will advocate for, facilitate, and support full membership in community life. All staff will be encouraged to act on every opportunity to educate and influence public opinion through demonstration of our core values in their daily lives as community members. All plans and strategies will be designed to promote community inclusion. We will develop strategies so that each eligible individual has the opportunity to live safely in the community of his/her choice.

Assumptions:

- Services and supports will continue to evolve from facility-based programs to community based supports.
- Families who have children who participate in public school settings expect them to be included in community life and activities when they graduate from school.
- The Board will continue to expand partnerships with community agencies, service providers, and the business community in order to increase presence, create opportunities, and control costs.

Implications

1. Partnership development will expand the opportunity for the Board to provide supports and services in community based settings. Board staff will develop professional partnerships, which will enhance the service delivery of agencies involved.
2. The Board and its staff will be challenged to become experts at creating opportunities for inclusion in community activities and participation for people eligible for services as well as educating community members in ways to include and support people with disabilities.
3. This work will require the Board staff to work differently in terms of job duties and hours. The Board will be challenged to provide staff with support and professional supervision while working independently in the field, as well as be challenged to ensure quality supports.
4. An array of community supports should be available from which people can choose those best able to meet their needs. The Board will need to diversify and become more

creative and flexible with supports and services, as well as to encourage other community providers to develop an array of flexible supports. Expertise will also need to be developed around coordinating and brokering services and supports.

5. The Board's role in monitoring health and safety of eligible people will become more complex as community participation increases.

Objectives:

1. community outings:

- providers will ensure that consumers participate within the community
- Case managers will assist and participate with outings (weekly outings, ongoing), case managers will need cooperation from service providers to be able to attend outings.

2. Network with hospitals, clinics, and private physicians to establish a referral system for persons with mental retardation/developmental disabilities. (continual, ongoing)

3. Keep local Mental Retardation Service Providers abreast of conferences, seminars, in-service training. Staff of the DCMRB will make courtesy telephone calls to other MR/DD service providers. (continual, ongoing)

4. Provide schools, clinics, hospitals, churches, and Human Service Agencies with detailed program services provided by the DCMRB (continual, ongoing)

5. Continue to provide outreach to DeKalb Special Services School. (annually, ongoing)

6. Promote community-oriented approach in the area of mental retardation through networking, outreach, educational awareness, and advocacy. (continual, ongoing)

7. Continue to renew sanctions with local municipalities-Ider, Rainsville, Fort Payne, Collinsville, and Fyffe. (as appointments expire, ongoing)

Goal: Information and Advocacy

We will take a lead in community education in order to facilitate inclusive practices and opportunities. Eligible individuals, their families and the community will recognize us as a primary source of information. We will make advocacy a priority and will ensure that all requests receive a response.

Assumptions:

- There is a need for advocacy on the individual, family and systems levels.
- More families need to be involved in advocacy activities.
- People with disabilities need support in accessing community services.
- Parent education and empowerment are in the best interest of all family members.
- There is a need to build community capacity to support people with disabilities.

Implications:

1. The Board supports consumers and their families in exploring options (such as developing organizations, networks and connections) that will empower them in their efforts to create meaningful lives. Efforts focused on family education and empowerment will support futures planning for all families.

2. There is a growing need to provide information to eligible persons and their families in an easily understood format at the time it is needed.

3. The Board will provide consultation and leadership to schools and the community to promote inclusive practices and options.
4. The Board will serve as a consultant and advocate protecting individual and family rights.
5. An inclusive community environment will increase community awareness of the Board as a resource for information and advocacy.
6. The Board will explore ways to respond to the needs and concerns of all persons with developmental disabilities eligible for services. Additional eligible persons will be identified as a result of outreach and partnership efforts.
7. Collaboration with other community resources is necessary to build a stronger interdependent community support system for all.
8. The Board will provide a leadership role in framing the priorities among systems in the human service arena.
9. The Board will be a continuing advocate for funding for residential services.

Objectives:

1. Ensure and protect rights of consumer:
 - rights training for consumers (Annual, ongoing)
 - rights training for staff (Annual, ongoing)
3. Survey questions regarding rights, proper treatment, services.
 - A survey will be constructed to capture level of consumer satisfaction.
 - survey to be completed (survey annually and ongoing)
2. Continue CQI:
 - CQI meetings (quarterly, ongoing)
 - CQI plan which includes developing outcome measures to reflect quality and efficiency of services and outcome measures will be consumer generated. The primary purpose is to provide services to meet the wants/needs of consumers and their family members (if applicable). (annually reviewed but updated as needed, ongoing)
3. strategic plan: DCMRB will develop and review plan which includes a study of needs and resources within DeKalb county (every two years, review annually, ongoing)
4. Name change removing "mental retardation" to a more positive name that will be respectful to those we serve.

Goal: Resources

The Board commits itself to ongoing assessment of community need and pursuit of resources to meet those needs. Resources will be used in an efficient and effective manner. We will develop strong community and business partnerships in order to meet more needs with shared resources. A focus on community participation can result in decreased demand for new and separate Board services. Funding will be flexible to allow eligible individuals and their families to purchase needed supports of their choice.

Assumptions:

- The Board commits itself to operate efficiently with available resources. The Board also commits to making every attempt to secure additional needed resources.

- Self-Determination can be a more effective and efficient manner of service delivery.
- The Board will find ways to address growing needs of individuals eligible for services within reasonable timeframes.
- The Board will continue to expand partnerships with community agencies, service providers and the business community.

Implications

- Waiver services require consumer choice of service providers.
- The Board must take a strong interest in the cost implications (containment) of its services, or this responsibility will be assumed by those with purely financial interests.

Objectives:

1. Assess needs:

- Identify the needs of the mentally retarded population in the local area and adjust program plans to meet those needs. (ongoing)
- Conduct survey of DeKalb County High Schools (every two years, ongoing).

2. Meet needs

- Coordinate services with Mental Retardation and Human Service Agencies in local area. Provide agencies with leaflet/pamphlet of services provided. (continual, ongoing)
- Continue to assist Individual/Family Service Council by providing service coordination (continual, ongoing)
- Encourage more effective case management services
 - ❖ Increase face-to-face visits to every client. Case Manager will make contact at least one visit per month. (ongoing)
 - ❖ Make contact (phone, written) with family/guardian quarterly; in addition to the quarterly narrative (ongoing)
 - ❖ Sponsor case management information session aka Open House (annually, ongoing).

3. Financial resources

- Community Services will maintain DMH/MR certification and, when applicable, will continue to be eligible to earn federal reimbursement. Certification not only shows compliance with the state and Medicaid standards but ensures that the legal and human rights of people with disabilities are protected. (ongoing)
- Contract management:
 - ❖ Conduct a financial analysis on expense/revenue ratio (annual, ongoing)
 - ❖ Review rates for services (annual, ongoing)
 - ❖ Consolidate contract information into a formal record for future reference (annual, ongoing)
 - ❖ Coordinate program plans, and fiscal operations to develop contracts (annual, ongoing)
- Focus to reduce the waiting list and provide more services to individuals and families.

- ❖ Use waiting list procedures; ensure that case managers are sending in referrals to single point of entry and following up with single point to ensure that Region DMR has proper notification (continual, ongoing)
- ❖ Encourage those waiting to rally for political support and budget priorities

Goal: Prevention

We will focus on initiatives to prevent mental retardation and developmental disabilities. Efforts at prevention can reduce need and costs for services in the future. We will partner with other community groups with similar interests in order to most effectively utilize resources and ensure a common message.

Assumptions:

- Mental retardation has an impact on all areas of life such as social, educational, health and economics.
- While knowledge of both the causes and ways to prevent mental retardation and other developmental disabilities has grown enormously, comprehensive programs for prevention are not consistently implemented or used.
- The general public needs information and awareness about factors that contribute to developmental disabilities in order to minimize risks.
- There will be an increase in the number of young children eligible for Board services as seen in some of the following trends: Poverty: malnutrition, disease, increased exposure to toxic hazards, decreased health care.
- Maternal issues related to an increase of mental retardation at birth: PKU, fetal alcohol syndrome 1-3:1000, fragile X syndrome, drug use, STDs, smoking, malnutrition, toxins, toxoplasmosis, cytomegalovirus, and rubella
- Fetal alcohol syndrome: Prevalence of alcohol consumption among women 18-44 by drinking pattern and pregnancy status: US pregnant binge 1.9%, might become pregnant binge 12.4%, US all respondents binge 12.4% any use 52.6% Alabama prevalence of binge drinking among women 18-44 of 9.8-12.3%. Binge= 7+ drinks per week (CDC 2002)
- Congenial hypothyroidism 1:4,000
- Childhood: whooping cough, chicken pox, measles, Hib disease, exposure to toxins (mercury, lead), brain damage (shaking, drowning, falls, Reye disease (use of Aspirin, use acetaminophen instead). Identification of autism is growing dramatically with estimates as high as 1:500. Children born to teenage mothers and into poverty are at a higher risk for developmental delays. Children born prematurely are surviving and are at a higher risk for developmental delays.

Objectives:

1. The Board will partner with other organizations in order to create a coordinated prevention campaign.

- Partner with agencies to encourage proper use of car seats and protective helmets to reduce traumatic brain injuries. (attempt to secure partnership, continual, ongoing)
- Partner with agencies to reduce the number of children born to teenage mothers (attempt to secure partnership, continual, ongoing).

- Partner with human service agencies to reduce abuse and neglect (attempt to secure partnership, continual, ongoing).
2. Public awareness efforts such as pamphlets, public service announcements, and other media outlets (continual, ongoing).
 3. The numbers of families who have children at risk for developmental delays will continue to grow. The Board will continue to work with other community agencies to develop appropriate supports and programs to serve these children. (Continual, ongoing)

Summary

The effectiveness of the plan is dependent on the follow-up and actions by the DCMRB and service providers in DeKalb County. The ongoing pursuit of accomplishing goals will determine whether the plan will be effective in improving services and the overall quality of life for those citizens of DeKalb County diagnosed with mental retardation.

The plan provides goals that have been developed based on the needs and desires of consumers, families, and providers regarding service development and delivery. It is the responsibility of all parties involved to implement the plan.